



INTERNAL AFFAIRS COMPLAINT REPORT

Complaint #: -

Page No. _____ of _____
Pages**COMPLAINANT'S INFORMATION**

First Name of Complainant:	Last Name of Complainant:
Residence Address:	Telephone: () -
Business Address:	Telephone: () -

OFFICER(S) COMPLAINED AGAINST

1. Officer Name:	Rank:	Badge #:	Car #:
Description of Officer (if name is not known):			
2. Officer Name:	Rank:	Badge #:	Car #:
Description of Officer (if name is not known):			
3. Officer Name:	Rank:	Badge #:	Car #:
Description of Officer (if name is not known):			

INCIDENT INFORMATION

Date of Incident:	Time of Incident: <input type="checkbox"/> AM <input type="checkbox"/> PM	Location of Incident:
Name of Witness:	Address::	Telephone: () -
Name of Witness:	Address:	Telephone: () -
Name of Witness:	Address:	Telephone: () -
Description of Incident:		

I have read this complaint report, and I truly declare and affirm that the statements contained herein are accurate, true and complete to the best of my knowledge and belief. I ☐ am ☐ am not willing to testify at any hearing in connection with this complaint and the subsequent investigation that will follow.

Signature of Complainant's Parent or Guardian, if he/she is a minor

Signature of Complainant

Date and time report is received:


I certify that complainant received a copy of this completed complaint report ☐ in person ☐ by mail.



Name & Rank of Officer Receiving Report:	
	Signature of Officer Receiving Report Form P251.a
I truly declare and affirm that the statements contained herein are accurate, true, and complete to the best of my knowledge and belief.	
Signature of Complainant	Date



CITY OF NORTHAMPTON POLICE DEPARTMENT
INTERNAL AFFAIRS
COMPLAINT REPORT SUPPLEMENT

NORTHAMPTON POLICE DEPARTMENT Administration & Operations Manual		
Policy: Internal Affairs Complaint Report		AOM: P-251.a
Massachusetts Police Accreditation Standards Referenced:		Issuing Authority Jody Kasper Chief of Police
Dissemination Date:	Amended:	
Effective Date:	Reviewed: 8/15, 8/17	